

**Mail to:**  
Dennis R. Downs, Director  
Division of Solid and Hazardous Waste  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

Date Entered: \_\_\_\_\_

## SOLID WASTE TRANSFER STATION ANNUAL REPORT

**Administrative Information** Please enter all the information requested below.

Calendar or fiscal year of report: \_\_\_\_\_

If fiscal year, please provide period covered: From \_\_\_\_\_ To \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

### Owner

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Facility Status

☐ Currently in Operation ☐ Closed - Date: \_\_\_\_\_

(The "Closed - Date" is the date that all waste was removed from the site)

### Annual Disposal

Tons disposed in reporting period: \_\_\_\_\_ or  
cubic yards: \_\_\_\_\_

Tons per day: \_\_\_\_\_ Tons recycled: \_\_\_\_\_

(Total tons divided by 365)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

**Print Name:** \_\_\_\_\_